

# Foster Family Home - Corrective Action Report

Provider ID: 1-180085

Home Name: Milagros Ronidel, CNA

Review ID: 1-180085-2

94-407 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/11/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/11/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/11/19.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(1), (b)(3)- No Admission Policy and Agreement for Client #1.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)- No current blood borne pathogen and infection control documentation for CG#4, CG#5, and CG#6.

41.(c)- No Annual Training in 12 months for CG#4, CG#5, and CG#6.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for CG#3, CG#4, CG#5, and CG#6.

*Maribel Nakamine, RN*  
Compliance Manager

Date

10/11/19

*M Ronidel*  
Primary Care Giver

Date

10-11-19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Milagros Ronidel

CCFFH Address: 94 407 Kahuatena Street, Waikeke, H# 96797

| Rule Number          | Corrective Action Taken  | Date Corrected | Prevention Strategy   |
|----------------------|--|----------------|---|
| 16.(b)(1),<br>(b)(3) | CCFFH Admission Policy and Agreement was explained to client #1/POA. A copy was provided to client #1/POA after it was signed by C#1 and client #1/POA. The original document was placed in home binder. | 10/14/19       | C#1 understands the requirements for the CCFFH Admission Policy and Agreement. C#1 created a checklist of To Do Items upon admission. |

Primary Caregiver's Signature: MARonidel

Print Name: Milagros Ronidel

Date of Signature: 11-11-19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Milagros Ronidel

CCFFH Address: 94-407 Kahualewa Street, Waipahu, HI 96797

| Rule Number       | Corrective Action Taken  | Date Corrected | Prevention Strategy  |
|-------------------|--|----------------|--|
| 41. (b)(8)<br>(C) | Blood borne pathogen and Annual Training certifications were obtained for CG#4, CG#5, and CG#6. They were placed in home binder. | 10/22/19       | Home will use calendar on iphone to input all due dates to prevent any future lapses.  |
| 43. (C)<br>(3)    | RN delegation was done for CG#3, CG#4, CG#5, and CG#6 by client's CMA. It was placed into the client record.                     | 10/19/19       | Home will notify CMA that RN delegation needs to be performed within 3 days of a caregiver being added to home. Home has developed a calendar in the front of the personnel binder with all due dates. |

Primary Caregiver's Signature: MARonidel

Print Name: Milagros Ronidel

Date of Signature: 11-11-19